



Office of Congresswoman Debbie Dingell (MI-6)
Casework Privacy Release Form

The Privacy Act of 1974 requires that I obtain your written authorization for my office to correspond with any federal agency relevant to your matter. Kindly complete this form and return to one of my district offices at the addresses listed below. Thank you for your cooperation.

Contact Information

Full Name (Print): _____

Address: _____

Contact Number: _____

Email: _____

Case Information

Federal Agency: _____

Case or Claim Number: _____

Date of Birth: _____ Social Security Number: _____

Privacy Statement

I, _____, hereby authorize Congresswoman Debbie Dingell and her staff to work on my behalf with any federal agency relevant to the matter described above, to receive and review any information contained in my file, and if necessary, to forward any pertinent correspondence sent by me regarding this matter.

Signature: _____ Date: _____

To return by mail, please send to either one of my district offices to the attention of our constituent services team:

2006 Hogback Rd.
Suite 7
Ann Arbor, MI 48105

Woodhaven City Hall
21869 West Road
Woodhaven, MI 48183

To return by e-fax 313-278-2936

Case Information:

Please be as detailed as possible regarding the assistance you are requesting and include any relevant documents/notices from the federal agencies involved. If necessary, you may continue a second page.

Please provide a brief description of your issue:

Have you contacted another Congressional office regarding your case? If yes, please list that office.

How can Congresswoman Dingell assist you with this matter?